

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nevada

Attachment 3.1-E
Page 1

STANDARDS FOR THE COVERAGE OF ORGAN TRANSPLANT SERVICES

A. Early Periodic Screening Diagnostic and Treatment (EPSDT) Recipients

Transplants ordered by an EPSDT physician will be reimbursed by Nevada Medicaid provided the criteria in paragraph C below are met.

B. Non-EPSDT Recipients

Transplants and associated fees to be reimbursed by Nevada Medicaid:

1. Corneal;
2. Kidney;
3. Liver -- for individuals under 18 suffering biliary atresia or other end-stage liver disease providing no malignancy extends beyond the liver; and
4. Bone marrow.

Transplants and associated fees to not be reimbursed by Nevada Medicaid:

1. Heart;
2. Heart/Lung;
3. Heart/Liver;
4. Pancreas; nor
5. Post surgical care of the non-covered transplants which directly and unequivocally relates to the transplant. For example:
 - a. Hospital admission for transplant;
 - b. Physician fees for transplant;
 - c. All other ancillary charges included for acute care related to the original admission for transplant; or
 - d. Capture of live or cadaveric organ for any transplant.

C. Criteria for Transplants:

The Peer Review Organization under contract with Nevada Medicaid will be responsible for transplant approval for Medicaid eligibles based on written Medicare criteria when appropriate, the following Medicaid criteria, and on medical judgement of recipient appropriateness.

TN# 91-15
Supersedes
TN# 88-7

Approval Date AUG 8 1991

Effective Date 7/1/91

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nevada

Attachment 3.1-E
Page 2

Transplants will not be approved if they are not medically necessary and if:

1. The procedure is specified as experimental by the National Institutes of Health;
2. Another procedure costing less or less risky will achieve the same result;
3. The transplant will not make a difference in the patient's health and performing the transplant will merely serve an academic purpose;
4. The transplant is relatively unsafe given the age and prognosis of the individual; and
5. The transplant doesn't meet appropriate Medicare criteria.

Determination of acceptability for transplants will not be made on the basis of race, color, sex, national origin, handicapping condition, or age except as given in the above criteria.

- D. Liver and kidney organs must be procured from Organ Procurement Organizations meeting requirements of 42 CFR 485, subpart D.

If transplant services are not available in Nevada, out-of-state services may be approved, including transportation, evaluation, transplant, and follow-up services.

Familial and unrelated bone marrow donor search and match services will be approved for payment at negotiated rates.

Transportation, as arranged by Nevada Welfare Division, to and from an approved transplant facility for necessary medical services will be approved for payment.

TN# 91-15
Supersedes
TN# 88-7

Approval Date April 2 1991

Effective Date 7/1/91